

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.		FEC IDENTIFICATION NUMBER ▼ C C00564765	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M M M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D D D</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee FP1 STRATEGIES LLC			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">10</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">21</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">2016</table>		
Mailing Address PO BOX 16504			Amount <table border="1" style="display:inline-table; width:100%; text-align:right">39422.19</table>		
City ALEXANDRIA	State VA	Zip Code 22302	Transaction ID : SE24.958		
Purpose of Expenditure TV/MEDIA PRODUCTION		Category/Type <table border="1" style="display:inline-table; width:60px; height:20px;"></table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">10</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">21</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">2016</table>		
Name of Federal Candidate MASTO, CATHERINE, CORTEZ, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">8393208.09</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee I360			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">10</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">21</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">2016</table>		
Mailing Address PO BOX 37046			Amount <table border="1" style="display:inline-table; width:100%; text-align:right">708550.00</table>		
City BALTIMORE	State MD	Zip Code 21297	Transaction ID : SE24.956		
Purpose of Expenditure MEDIA PLACEMENT - BROADCAST/CABLE		Category/Type <table border="1" style="display:inline-table; width:60px; height:20px;"></table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">10</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">21</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">2016</table>		
Name of Federal Candidate MASTO, CATHERINE, CORTEZ, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:150px; height:20px; text-align:right">8393208.09</table>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:100%; text-align:right">747972.19</table>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1" style="display:inline-table; width:100%; text-align:right"></table>
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:100%; text-align:right"></table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Maxwell, Thomas, F., , III

[Electronically Filed]

Date

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Signature